M	ISS	OUR	i Di	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-021497
DO NOT WRITE ON THIS STUB		AMEND	ED	Registration District No. 317 Primary Registration District No. 547 Registrat's No. 1424 STATE FILE NUMBER
vs 300	— ا <u>و</u> ا		 	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b C. CITY OR Inside Limits
14005				TOWN Richmond Heights TOWN Webster Groves C. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm
24007	DATE			HOSPITAL OR St. Marys Hosp. Yes O No D ADDRESS 50 Wilshire Terrace Yes D No ED
3	1			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
4 0				JULES F. SCHNEIDER DEATH May 8, 1962
5 1				5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
	,			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
7 6				USA 13b. FATHER'S NAME USA 13b. MOTHER'S MAIDEN NAME USA 14. NAME OF HUSBAND OR WIFE
<u></u> [5	2		OCUMENT	Christian F. Schneider Susan Waugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
8	3			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
94201	1 4			18. CAUSE OF DEATH (Enter only one cause per line for
10 1	4 1			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
11	EAD O			January 18 marsh
1246-0	, હા			Conditions, if any, which gave rise to above cause (a), stating the under-
				S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
	1 1			disease condition given in PART I (a)
ON SAKENDARENTS				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
				PERFORMED?
y Z				Zoc. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
BLACK INK OR RITER RIBBON				20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 51ATE
	READ			
Ja o FF	RE			Death occurred at
USE BLACH OR TYPEWRITER	SHOULD		P.	22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
F	S		AVIT	
	Š		AFFIDA	Burial 19-11-62 Resurrection Cem. St. Louis Co., Mo.
İ	ITEM		BY AI	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
l	-		"	Parker-Aldrich, Webster Groves 5-9-62 (Licensed Embelmer's Statement on Reverse Side)
				· · · · · · · · · · · · · · · · · · ·

STATEMENT BY LICENSED EMBALMER

I her	eby certify that the body who	-		e reverse si	de of this certificate was embalmed by me,	
or by	• *			<u>.</u>	, Student Embalmer No	
working und	ler my personal supervision.			L	To Wall	
Student	Signature of Student Embalme	· · · · · · · · · · · · · · · · · · ·	Signed_	- CXA	lie / leten	
	Signature of Student Embanner			· ·	4295	
	→ - ₹	* _* -{		7	P. O. Address Distriction	7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of ticense).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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